

AF 1647 ZFW

Practitioner's Docket No. 701039-052260

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Larry I. Benowitz  
Application No.: 09/656,915 Group No.: 1647  
Filed: 07 September 2000 Examiner: NICHOLS, Christopher J.  
For: METHODS AND COMPOSITIONS FOR MODULATING AXONAL  
OUTGROWTH OF CENTRAL NERVOUS SYSTEM NEURONS

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Certificate of Mailing (1 pg.);
2. Transmittal Form (1 pg.);
3. Petition for Extension of Time in duplicate (2 pp.);
4. Fee Transmittal in duplicate (2 pp.);
5. Amendment after Final (6 pp.);
6. Check in the amount of \$225 and
7. Return Receipt Postcard.

is on the date shown below being:

MAILING

X deposited with the United States Postal Service  
and with sufficient postage as first class mail in an  
envelope addressed to MAIL STOP AF,  
Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450.

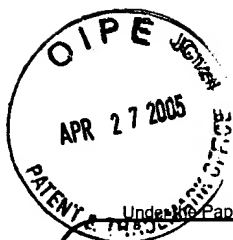
FACSIMILE

transmitted by facsimile to the Patent  
Trademark Office.

Date: April 25, 2005

  
Signature

Debra J. Kellom  
(type or print name of person certifying)



PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                        |                        |
|---|------------------------|------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/656,915             |
|   | Filing Date            | September 7, 2000      |
|   | First Named Inventor   | Larry I. Benowitz      |
|   | Art Unit               | 1647                   |
|   | Examiner Name          | Christopher J. Nichols |
| Total Number of Pages in This Submission  | Attorney Docket Number | 701039-052260          |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                           | <input type="checkbox"/> Petition to Convert to a Provisional Application   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address   | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Certificate of Mailing; Check \$225 and Return Receipt Postcard.                        |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b><br>The Commissioner is hereby authorized to charge any fee deficiency or credit any overpayment in this submission to the Nixon Peabody LLP Deposit Account No. 50-0850. |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                   |                 |
|--|-------------------|-----------------|
| Firm Name                                  | NIXON PEABODY LLP |                 |
| Signature                                  |                   |                 |
| Printed name                               | David S. Resnick  |                 |
| Date                                       | 4/25/05           | Reg. No. 34,235 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                 |              |
|---|-----------------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                 |              |
| Signature   |                 |              |
| Typed or printed name   | Debra J. Kellom | Date 4/25/05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.